

**THE EMERGENCY FOOD ASSISTANCE PROGRAM  
(TEFAP)  
RECEIPT OF PANTRY PRODUCTS**

**Exhibit D**

**PROXY STATEMENT 2003**

This proxy is for the individual who has a handicap condition, which makes pick-up of pantry commodities by the recipient impossible. It may also be used to serve those whose work hour's conflict with those of the scheduled distribution hours of the outlet in the individual service area. This form is to be completed in full by the individual designating their proxy.

PLEASE PRINT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY ZIPCODE

HOUSEHOLD SIZE: \_\_\_\_\_ DATE: \_\_\_\_\_

WHY HOMEBOUND: \_\_\_\_\_

DELIVERY PERSON: \_\_\_\_\_

(Designated Proxy)

ADDRESS: \_\_\_\_\_

(City) (Designated Proxy) (Zip Code)

Willful diversion of USDA commodities for personal Gain is a state and federal offense, subject to a fine of up to \$10,000 and/or imprisonment up to 5 years. USDA products cannot be sold, traded or bartered.

I CERTIFY WITH MY SIGNATURE that: MY MAXIMUM INCOME FOR RECEIPT COMMODITIES DOES NOT EXCEED THE AMOUNT LISTED BELOW.

Household Size	Monthly Income	Yearly Income
1	\$1,123	\$13,470
2	\$1,515	\$18,180
3	\$1,908	\$22,890
4	\$2,300	\$27,600

**For each additional household member add: \$393**

My household income does not exceed DFC established limits; I will use food received for household consumption only; and, I release USDA, the State of Indiana, and any agency or person distributing food from all liabilities resulting from receipt of food.

**Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex, or handicap.**

I also certify I am aware that selling, exchanging, fraud or abuse of the commodity program is subject to Federal prosecution under Section 12G of the National School Lunch Act.

**Signature: \_\_\_\_\_ Verified By: \_\_\_\_\_**

(Homebound Individual)

(Site Personnel)